

United States District
Court

Ronnell Ray Hill
Plaintiff,

- v -

V.M. Almager
Defendant.

case # C07-3229 JSW (PR)

Request For Appoint-
ment of Counsel under
the AEDPA of 1996, 18
U.S.C 3006A(a)(2)(B)

1. I, the plaintiff in the above entitled civil action, request the court appoint an attorney to represent me in this matter. In support of the request, I state as follows:
 - A. My claim is meritorious (that is, I have a good case), and
 - B. I have made a reasonably diligent effort to obtain counsel, and
 - C. I am unable to find an attorney willing to represent me on terms that I can afford
2. The plaintiff is a participant of the CCCMS mental health program. A copy of the plaintiff's mental health chrono is attached to this request for counsel.

Declaration in support of plaintiffs request for
Counsel.

The plaintiff is a participant in the clinical case management program, in which the plaintiff is taking medications and receiving counseling in order to treat his mental health needs. Due to this fact and the complexity of the plaintiffs issues, being a three Strike case, with multiple convictions totaling multiple life sentences, the plaintiff requests under 18 U.S.C 3006A(a)(2)(B) that counsel be appointed. The plaintiff is aware of the fact that the court is not obligated to appoint counsel, but to afford due process in plaintiffs case for the effective use of discovery in the interest of justice, coupled with the plaintiffs mental health concerns the plaintiff, so submits his request. The plaintiff has already been granted his request to proceed In forma Pauperis in regards to his petition, with necessary affidavits attached declaring petitioners financial status.

In pro per,

Ronnell Hill
Ronnell Hill

ZACK

PRODUCTS CORPORATION

800-344-FILE (3453)

INSTRUCTIONS

To mount report, pull off the plastic tab. Position report edges to top and side guide lines, then press the report down over the exposed adhesive.

The adhesive is *pressure-sensitive*: be sure to press

STATE OF CALIFORNIA

MENTAL HEALTH REFERRAL CHRONO

CDCR 128-MH5 (Rev. 06/06)

NAME

Hill, Ronnell

(Last, First, MI)

CDC #

V46928

INSTITUTION

Cent

HOUSING

FAB5-230☒ Routine☐ Urgent☐ Emergency (Contact Mental Health Services immediately)☐ Non English Speaking Language: _____REASON FOR REFERRAL: (Please check the primary reason(s) and give an example or comment on the line below)☒ History of Psychiatric care needs re-assessment☐ Expresses suicidal ideation or recent attempts (Emergency)☐ Incapable of caring for self / poor grooming☐ Confused / disoriented / withdrawn☐ Hostile / assaultive / poor self control☐ Taken advantage of by other inmates☐ Poor attention span / difficulty following directions☐ Other (Describe:)☐ Needs Psychotropic medication review☐ Exhibits bizarre behavior (describe below)☐ Poor appetite / sad / fearful / nervous☐ Unpredictable / bothers others☐ Hears things / sees things / imagines things☒ Insomnia / sleeps too muchE. BASTIEN, PSY.D

CLINICAL PSYCHOLOGIST

REFERRED BY (Print Name)

TITLE

PHONE / EXTENSION

TIME

DATE

Received at Mental Health By: _____

Time: _____

Date: _____

Assigned to: _____

Copies and Distribution to: Mental Health Program; CCI; C-File; UHR; Inmate

MHPCv3.0

MENTAL HEALTH PLACEMENT

CDC FORM 128C

NAME: HILL, RONNELL CDC#: V-46928 INST: CEN HOUSING: A5 124L

THIS INMATE HAS COMPLETED A MENTAL HEALTH EVALUATION WITH THE FOLLOWING RESULTS (check box(es) below:

a) ☐ Does Not Meet Criteria for inclusion in the Mental Health Treatment Population.b) ☒ Meets Inclusion Criteria for the MH Treatment Population (check level of care (LOC) below)☐ No☒ YesInclusion is a **Medical Necessity** (Obtain Chief Psychiatrist's signature below)c) ☐ Presently included in MHSDS, new LOC below (check LOC below).LOC: ☐ Inpatient DMH ☐ Crisis Beds (MHCB) ☐ Enhanced Outpatient Program (EOP) ☒ Clinical Case Management (CCMS)Level of Functioning Assessment (GAF Score): 55Psychotropic Medication Prescribed: ☒ Yes ☐ No

Behavioral Alerts: _____

J. GOULDY, M.D.7048

CLINICIAN'S NAME (Print) Telephone/Extension

Clinician's Signature

Chief Psychiatrist or Designee

Original to be placed in Central File Within 48 hours: cc: Unit Health Record, C&PR, CC I, CC II, Inmate Assignment, MH File

DATE: 8/21/07

(svo)

MEDICAL-PSYCHIATRIC-DENTAL

PROOF OF SERVICE BY MAIL

(CCP §§1013(a), 2015.5; 28 U.S.C. §1746)

I, Ronnell Hill, hereby declare that I am over the age of 18, I am the petitioner in the above-entitled cause of action, and my legal mailing address CSP/LAC - A5-231¹, P.O. BOX 8457, Lancaster, CA 93539-8457.

On 2/10/08, I delegated to prison officials the task of mailing, via the institution's internal mail system (*Houston v. Lack*, 487 US 266 [101 L.Ed.2d 245; 108 S.Ct. 2379] (1988)), the below entitled legal document(s):

Request for appointment of Counsel

by placing said documents in a properly addressed and sealed envelope, with postage fully pre-paid, in the United States Mail, deposited in the manner provided by CSP/LAC, and addressed as follows:

Office of the Clerk, U.S District
Court, Northern District
450 Golden Gate Avenue
San Francisco, CA 94102

I further declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. Executed this 10 day of February 2008 at California State Prison - Los Angeles County.

Ronnell Hill